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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                             |
|------------------------|-----------------------------|
| Application Number     |                             |
| Filing Date            | 5 December 2005             |
| First Named Inventor   |                             |
| Title                  | Methods of identifying..... |
| Art Unit               |                             |
| Examiner Name          |                             |
| Attorney Docket Number | 19413                       |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

00272

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

|                                                  |  |       |  |     |
|--------------------------------------------------|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name |  |       |  |     |
| Address                                          |  |       |  |     |
| City                                             |  | State |  | Zip |
| Country                                          |  |       |  |     |
| Telephone                                        |  | Email |  |     |

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**THE WALTER AND ELIZA HALL  
INSTITUTE OF MEDICAL RESEARCH**

SIGNATURE of Applicant or Assignee of Record

|                   |                                                               |           |               |
|-------------------|---------------------------------------------------------------|-----------|---------------|
| Signature         | <i>Michiyo Matsuda</i>                                        | Date      | 24 March 2006 |
| Name              | Michiyo Matsuda                                               | Telephone |               |
| Title and Company | Business Development Officer, Walter and Eliza Hall Institute |           |               |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: THE WALTER AND ELIZA HALL INSTITUTE OF MEDICAL RESEARCH

Application No./Patent No./Control No.: \_\_\_\_\_ Filed/Issue Date: 5 December 2005

Entitled: Methods of identifying compounds which modulate granulocyte-colony stimulating factor (G-CSF) dependent processes by modulation of the levels of suppressor of cytokine signaling (SOCS)

THE WALTER AND ELIZA HALL INSTITUTE OF MEDICAL RESEARCH

(Name of Assignee)

, a corporation

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or a true copy of the original assignment is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Michiyo Matuda  
Signature

24 March 2006  
Date

Michiyo Matuda  
Printed or Typed Name

Telephone Number

Business Development Officer  
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted  
With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket  
Number

19413

First Named Inventor

Ben CROKER

COMPLETE IF KNOWN

Application Number

Filing Date

5 December 2005

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Methods of identifying compounds which modulate granulocyte-colony stimulating factor (G-CSF) dependent processes by modulation of the levels of suppressor of cytokine signaling (SOCS)

*(Title of the Invention)*

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

4 June 2004

as United States Application Number or PCT International

Application Number

PCT/AU2004/000749

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country   | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|----------------------------------------|-----------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                                        |           |                                     |                          | YES                      | NO                       |
| 2003902788                             | Australia | 4 June 2003                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |           |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |           |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |           |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: ☒ The address associated with Customer Number: 23389 OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Email

**WARNING:**

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Ben

CROKER

Inventor's Signature

Date

X 1 MAR 2006

Residence: City

State

Country

Citizenship

Tamworth

New South Wales

Australia

Australia

Mailing Address

51 Kurrawan Street, Tamworth, New South Wales 2340, Australia

City

State

Zip

Country

Tamworth

New South Wales

2340

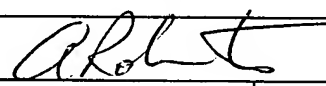
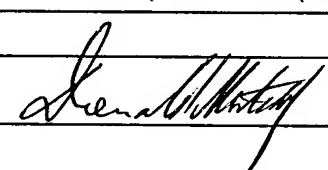
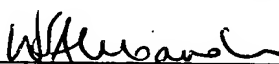
Australia

☒

Additional inventors or a legal representative are being named on the two supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 1 of 2

|                                                                                                          |                   |                                                                               |                          |
|----------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------|--------------------------|
| <b>Name of Additional Joint Inventor, if any:</b>                                                        |                   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                          |
| Given Name (first and middle (if any))                                                                   |                   | Family Name or Surname                                                        |                          |
| Andrew                                                                                                   |                   | ROBERTS                                                                       |                          |
| Inventor's Signature    |                   | Date <u>20 Feb 2006</u>                                                       |                          |
| Camberwell<br>Residence: City                                                                            | Victoria<br>State | Australia<br>Country                                                          | Australia<br>Citizenship |
| 160 Highfield Road, Camberwell, Victoria 3124, Australia                                                 |                   |                                                                               |                          |
| Mailing Address                                                                                          |                   |                                                                               |                          |
| Camberwell<br>City                                                                                       | Victoria<br>State | 3124<br>Zip                                                                   | Australia<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b>                                                        |                   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                          |
| Given Name (first and middle (if any))                                                                   |                   | Family Name or Surname                                                        |                          |
| Don                                                                                                      |                   | METCALF                                                                       |                          |
| Inventor's Signature   |                   | Date <u>Feb 20 2006</u>                                                       |                          |
| Balwyn<br>Residence: City                                                                                | Victoria<br>State | Australia<br>Country                                                          | Australia<br>Citizenship |
| 268 Union Road, Balwyn, Victoria 3103, Australia                                                         |                   |                                                                               |                          |
| Mailing Address                                                                                          |                   |                                                                               |                          |
| Balwyn<br>City                                                                                           | Victoria<br>State | 3103<br>Zip                                                                   | Australia<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b>                                                        |                   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                          |
| Given Name (first and middle (if any))                                                                   |                   | Family Name or Surname                                                        |                          |
| Warren                                                                                                   |                   | ALEXANDER                                                                     |                          |
| Inventor's Signature  |                   | Date <u>Feb 20, 2006</u>                                                      |                          |
| Moonee Ponds<br>Residence: City                                                                          | Victoria<br>State | Australia<br>Country                                                          | Australia<br>Citizenship |
| 13 Park Street, Moonee Ponds, Victoria 3039, Australia                                                   |                   |                                                                               |                          |
| Mailing Address                                                                                          |                   |                                                                               |                          |
| Moonee Ponds<br>City                                                                                     | Victoria<br>State | 3039<br>Zip                                                                   | Australia<br>Country     |

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 2 of 2

|                                                            |                   |                                                                               |                          |
|------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------|--------------------------|
| <b>Name of Additional Joint Inventor, if any:</b>          |                   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                          |
| Given Name (first and middle (if any))                     |                   | Family Name or Surname                                                        |                          |
| Doug                                                       |                   | HILTON                                                                        |                          |
| Inventor's Signature <i>[Signature]</i>                    |                   | Date <i>2/12/06</i>                                                           |                          |
| Warrandyte<br>Residence: City                              | Victoria<br>State | Australia<br>Country                                                          | Australia<br>Citizenship |
| 244 Research Road, Warrandyte, Victoria 3113, Australia    |                   |                                                                               |                          |
| Mailing Address                                            |                   |                                                                               |                          |
| Warrandyte<br>City                                         | Victoria<br>State | 3113<br>Zip                                                                   | Australia<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b>          |                   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                          |
| Given Name (first and middle (if any))                     |                   | Family Name or Surname                                                        |                          |
| Nicos                                                      |                   | NICOLA                                                                        |                          |
| Inventor's Signature <i>[Signature]</i>                    |                   | Date <i>2-12-06</i>                                                           |                          |
| Mont Albert<br>Residence: City                             | Victoria<br>State | Australia<br>Country                                                          | Australia<br>Citizenship |
| 56 Churchill Street, Mont Albert, Victoria 3127, Australia |                   |                                                                               |                          |
| Mailing Address                                            |                   |                                                                               |                          |
| Mont Albert<br>City                                        | Victoria<br>State | 3127<br>Zip                                                                   | Australia<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b>          |                   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                          |
| Given Name (first and middle (if any))                     |                   | Family Name or Surname                                                        |                          |
|                                                            |                   |                                                                               |                          |
| Inventor's Signature                                       |                   | Date                                                                          |                          |
| Residence: City                                            | State             | Country                                                                       | Citizenship              |
| Mailing Address                                            |                   |                                                                               |                          |
| City                                                       | State             | Zip                                                                           | Country                  |

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